

Utah State Office of Education
Students At Risk Section-Special Education Services Unit
Final Report/Invoice
Documentation of Conference Proposal Activities

Date Submitted	Sponsoring Organization		
Address (<i>Give city, county, state, and zip code</i>)			
Name, Telephone Number, and Email Address of Contact Person			
Title of Conference			Date(s)
USOE Contact Person on Planning Committee			
Total Number of Participants		Number of Educators	
How were CSPD Training Areas addressed by this Conference? Please refer to original proposal for CSPD Training Areas.			
Amount of USOE funds requested for reimbursement:			
Did conference attendees complete a hands-on project or activity during this conference? If yes, please describe			
What resources are available for follow-up for participants?			
What conference attendee satisfaction data was collected?			
Are there training aspects of outcomes you regard as significant and would like to highlight?			
Signature of Contact			

Please keep a copy for your records and submit original along with Conference agenda to:

Bruce Schroeder, CSPD Specialist

(801)538-7580 (o)

USOE-SARS

(801)538-7791 (fax)

250 East 500 South

PO Box 144200

Salt Lake City, Utah 84114-4200